

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Michael L. Marvin — PETITIONER
(Your Name)

VS.

Jody Bradley — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

MISSISSIPPI SUPREME COURT — PETITIONER'S

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____

or

a copy of the order of appointment is appended.

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Michael L. Marvin

(Signature)

Each of the attached papers

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Michael Karpin, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment (such as wages, salaries, tips, or commissions from self-employed business or profession)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment compensation				
Public-assistance (such as welfare)				
State assistance				

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Employer 1	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
Employer 2	N/A	N/A	\$ N/A

4. How much cash do you and your spouse have? \$ N/A

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
N/A	N/A	\$ N/A	\$ N/A
N/A	N/A	\$ N/A	\$ N/A
Employer	N/A	\$ N/A	\$ N/A

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home

Value N/A
Below, state any money you have in any other financial institution.

Other real estate

Value N/A
Below, state any money you have in any other financial institution.

Motor Vehicle #1

Year, make & model N/A
Value N/A

Motor Vehicle #2

Year, make & model N/A
Value N/A

Other assets

Description N/A
Value N/A

Do not list clothing

Motor Vehicle #1

Year, make & model N/A

Value N/A

Vehicle #2

Year, make & model N/A

Other assets

Description N/A

Value N/A

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

Amount owed to you

Amount owed to your spouse

N/A
N/A
N/A

\$ N/A
\$ N/A
\$ N/A

\$ N/A
\$ N/A
\$ N/A

7. State the persons who rely on you or your spouse for support.

Name
6. State the persons who rely on you or your spouse for support.
N/A
N/A
Person relying on you or your spouse for support
N/A

Relationship
N/A
N/A
N/A

Age
or your spouse for support.
N/A
N/A
N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

7. State the persons who rely on you or your spouse for support.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? Yes No
Is property insurance included? Yes No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

paid by you
paid by your spouse

Home maintenance (repairs and upkeep)

Food

Food in home-in storage paid by
you
Clothing, lot rent, for mobile home

Are real estate taxes included?
Laundry and dry-cleaning

Medical and dental expenses

paid by you
paid by your spouse

House maintenance

Personal

Car, truck, boat, airplane, etc.

Laundry and dry-cleaning

You

Your spouse

Age
or your spouse for support.
N/A N/A

You Your spouse

Transportation (not including motor vehicle payments) \$ 111 \$ 111

Recreation, entertainment, newspapers, magazines, etc. \$ 2/18 2/18

Insurance (not deducted from wages or included in mortgage payments)

Health           

Transportation of Motor Vehicle, including:

Free section, outer 2/3, in
Orthomys sp. 2/3, in

Taxes (not deducted from wages or included in mortgage payments)

Taxes (not deducted from wages or included in mortgage payments) \$ N/A \$ N/A

Installment payments

Motor Vehicle

118 of 218 100%

100 100

Department store(s) 10 10 10

Regular expenses for operation of business, profession, or farm (attach detailed statement) \$ N/A \$ N/A

201 (12) **NIA** **NIA** **NIA**

Other (specify): Geoffrey Beene

Total monthly expenses: 240 240

Total monthly expenses. \$ 5.00

Almaviva, which, with a few exceptions, is the best of the comic operas.

Registration of operation or fact attachment is done.

W. L. G. (1990) *Journal of the Royal Statistical Society, Series B*, 52, 113–127.

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid - or will you be paying - an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? _____

If yes, state the attorney's name, address, and telephone number: _____

Yes No If yes, describe on an attached sheet.

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? _____

If yes, state the person's name, address, and telephone number: _____

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I have no outside financial support.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: July 11th, 2018

13. Physician's signature:

Michael L. Koenig
(Signature)

I declare under penalty of perjury that the foregoing is true and correct.

Michael L. Koenig

Executed on: _____